FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)								O	fice use	only			
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exar over	nple: If typy the lines	ing, type		12F	E4M		lice use t	only			
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ADDRESS (number and	street) PO E	Sox 5016					ш					ш		Ш
(Check if addr is changed)		ouver				<u> </u>	L W	<u></u>	L	986	668	_ _ _	<u> </u>	Ш Ш
CITY▲ COMMITTEE'S E-MAIL ADDRESS								STATE▲ ZIP CODE ▲						
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COMMITTEE'S WEB		RL)												
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COMMITTEE'S FAX N	NUMBER													
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2. DATE 0.9	1	2008 [°]												
3. FEC IDENTIFICA	ATION NUMBER	C	Coo	310904										
4. IS THIS STATEM	MENT NEW	(N) OR	X	AMEN	IDED (A)									
I certify that I have exam	ined this Statement and	to the best of my know	vledge an	d belief it is	rue, correc	ct and	compl	ete						
Type or Print Name of	Treasurer	Chris Crowley												
Signature of Treasurer	. Electronically File	d by Chris Crow	vley				ate	0	9 /	D 2	9 /	YY	2 0 0) 8 [°]
NOTE: Submission of fa		nplete information may								of 2 U.S	S.C. S4	37g.		
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